



**APPLICATION FORM
FOR VOLUNTEER ROLE
Confidential**

Thank you for your interest in volunteering for Age Concern East Cheshire. Please complete all sections of this application form. If you have any problems completing this form for any reason, please ask us for help or guidance.

| | |
|-----------------|---|
| Surname | First names |
| Title | |
| Address | Daytime tel. no. Evening tel. no. Mobile tel. no. Email address [Please give us contact details that you are happy for us to use. See also data protection information on page 2] |
| Postcode | |

| | | | | | |
|--|--|---------------------|--|---------------------------------------|--|
| Status – please tick as appropriate | | | | | |
| Retired | | Unemployed | | Student | |
| Working – full time | | Working – part-time | | Long term sick or registered disabled | |

Please tell us about any skills, interests, hobbies or previous experience that you have:

How much time do you think you could give to Age Concern East Cheshire as a volunteer? Please say if you have only specific days or times available.

When will you be available to start volunteering?

Please indicate for which project(s) within Age Concern East Cheshire you prefer to volunteer:

| | | | |
|--|--------------------------|--------------------------------|--------------------------|
| SOCIAL DAY CARE | <input type="checkbox"/> | CHARITY SHOP ASSISTANT | <input type="checkbox"/> |
| FUNDRAISING | <input type="checkbox"/> | INFORMATION AND ADVICE SERVICE | <input type="checkbox"/> |
| FOOTCARE SERVICE | <input type="checkbox"/> | HEALTHY LIFESTYLE SERVICE | <input type="checkbox"/> |
| DRIVING/TRANSPORT | <input type="checkbox"/> | TEACHING BASIC COMPUTER SKILLS | <input type="checkbox"/> |
| HOSPITAL CREATIVE ACTIVITIES | <input type="checkbox"/> | | |
| I AM UNDECIDED, PLEASE CALL ME TO DISCUSS OPPORTUNITIES <input type="checkbox"/> | | | |

How would you describe your reasons for volunteering?
Please tick any or all boxes which apply

| | | | |
|-------------------------|--------------------------|----------------------------------|--------------------------|
| To gain work experience | <input type="checkbox"/> | To get involved in the community | <input type="checkbox"/> |
| To develop new skills | <input type="checkbox"/> | To make new friends | <input type="checkbox"/> |
| To build up confidence | <input type="checkbox"/> | To use existing skills | <input type="checkbox"/> |

Please add a note of any other comments or reasons

How did you learn about volunteering for Age concern East Cheshire?
Please tick any or all boxes which apply

| | | | | | |
|----------------------|--------------------------|-------------------------------|--------------------------|------------|--------------------------|
| Press advertisement | <input type="checkbox"/> | Volunteer Bureau | <input type="checkbox"/> | Poster | <input type="checkbox"/> |
| Article in newspaper | <input type="checkbox"/> | Suggested by a friend | <input type="checkbox"/> | Exhibition | <input type="checkbox"/> |
| TV or radio | <input type="checkbox"/> | Through user of ACEC services | <input type="checkbox"/> | Leaflet | <input type="checkbox"/> |
| Talk or presentation | <input type="checkbox"/> | Other – please give details | | | |

Please tell us about any health problems or medical conditions you have, whether mental or physical, which may affect the type of volunteering you hope to do. This will enable us to discuss appropriate roles with you and provide appropriate support.

Are you a car owner, or have use of a car, or do you use public transport? Please tick.
(Some volunteering may involve travel and/or driving.)

References

Age Concern East Cheshire prefers to have two references for each volunteer, who have known you for some time. These should not be members of your own family. This information is for internal reference only, and is a safeguard for the people with whom you will be working.

If by any chance you are unable to provide current references or names of referees, please let us know; we will be happy to discuss this and assist if we can.

| | |
|----------------------|----------------------|
| Name: | Name: |
| Address: | Address: |
| Postcode: | Postcode: |
| Tel. no: | Tel. no: |
| Relationship to you: | Relationship to you: |

Rehabilitation of Offenders Act 1974

As an agency working with vulnerable people, certain volunteer roles are considered exempt from the provisions of the 1974 Act and any convictions must be declared. You must disclose all previous convictions; none of these may be considered as spent.

Have you ever been convicted, warned, reprimanded or cautioned for a criminal offence, or liable in a civil case?

Yes/No

Do you have any Court Action pending?

Yes/No

If yes, to either of the above, details will be required from you on a separate declaration.

We may require a criminal records check for some types of volunteering. Do you give permission for this? Yes/No

Data Protection Act 1998

Information on our database is strictly confidential and we do not pass on any personal data about you to outside organisations and/or individuals without your express consent. Please indicate if you agree that we may:

Keep personal basic information from this form on a computer.

Yes / No

Send you updates and more information about Age Concern East Cheshire.

Yes / No

Emergency contact

Please give details of someone we could contact for you in the case of an emergency:

Name:

Relationship to you:

Telephone number:

Has this person agreed to this role? Yes / No

I certify that the all of the information given on this form is correct.

Signed :

Date:

Please return this form, in confidence, in the enclosed sae, to: the **Chief Executive, Age Concern East Cheshire, New Horizons Centre, Henderson Street, Macclesfield SK11 6RA**

Registered charity no 1090161

A company limited by guarantee – company no 4309557

DIVERSITY MONITORING FORM

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Age Concern East Cheshire's Equality and Diversity Policy states that the organisation is committed to eliminating discrimination and encouraging diversity in the organisation.

This form is part of the process by which the organisation monitors equality and diversity, and all information recorded is confidential and will be kept separate from your application.

You are under no obligation to complete this form, but if you do you are agreeing under the Data Protection Act that Age Concern East Cheshire may hold and use anonymous personal information about yourself for monitoring purposes only. Please return it, in the envelope provided, with your application.

Job Title: VOLUNTEER

Age Range:

| | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <20 | 20-29 | 30-39 | 40-49 | 50-59 | 60-69 | 70-79 | 80-89 | 90< |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Where did you see this post advertised?

Do you consider yourself to have a disability? Yes No

Gender: Male Female

Ethnic Origin

White

- British
- Irish
- Any other white background

Mixed Race

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed race background

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background

Black or Black British

- Caribbean
- African
- Any other Black background

Chinese

- Chinese

Other Ethnic Origin

- Any other background